

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2587137

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 96850

4. Contact Name: ANGELA J.
NEIFERT-KRAISER

2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Phone: (303) 606-4398

3. Address: 1001 17TH STREET - SUITE #1200

Fax: (303) 629-8285

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17346-00

6. County: GARFIELD

7. Well Name: JOLLEY

Well Number: KP 511-16

8. Location: QtrQtr: SWNW Section: 16 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 1664 feet Direction: FNL Distance: 1280 feet Direction: FWL

As Drilled Latitude: 39.530603 As Drilled Longitude: -107.564638

GPS Data:

Data of Measurement: 10/28/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: JACK KIRKPATRICK

** If directional footage at Top of Prod. Zone Dist.: 1099 feet. Direction: FNL Dist.: 665 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 1087 feet. Direction: FNL Dist.: 673 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI

10. Field Number: 47525

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 11/12/2009 13. Date TD: 11/20/2009 14. Date Casing Set or D&A: 11/21/2009

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8230 TVD** 8131 17 Plug Back Total Depth MD 8140 TVD** 8041

18. Elevations GR 6679 KB 6702

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL; RESERVOIR MONITOR TOOL ELITE, TEMPERATURE, MUD

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	18		0	86	32	0	86	VISU
SURF	13+1/2	9+5/8		0	1,115	455	0	1,115	VISU
1ST	7+7/8	4+1/2		0	8,210	1,450	3,690	8,210	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	7,950	655	3,960	7,950
SQUEEZE	1ST	7,950	200	3,960	7,950
SQUEEZE	1ST	6,550	375	6,452	6,550
SQUEEZE	1ST	6,380	200	6,126	6,380
SQUEEZE	1ST	6,110	403	6,070	6,110
SQUEEZE	1ST	5,964	150	5,190	5,964
SQUEEZE	1ST	5,060	230	4,350	5,060

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	3,617		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,037		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,310		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,881		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,077		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

FORM 5A DOC#2587135

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: ANGELA J. NEIFERT-KRAISER

Title: REGULATORY

Date: 5/16/2011

Email: ANGELA.NEIFERT-KRAISER@WILLIAMS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2587139	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2587138	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2587137	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Data Entry	CEMENT TICKETS NEED TO BE RECONCILED WITH COMPLETION REPORT AS SUBMITTED PER D. BURN	8/3/2011 11:19:18 AM

Total: 1 comment(s)